

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State Ariz. No. 185-125
Registered No. 342

PLACE OF BIRTH

County Gila State _____
City or Township Miami or Village _____

No. 1115 Granite Springs St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Leora Carmen Acker (If child is not yet named, make supplemental report, as directed.)

Sex of Child Female To be answered ONLY in event of plural births. X 4. Twin, triplet or other X 6. Legitimate? Yes 7. Date of birth 7-25-29
Month Day Year

FATHER		MOTHER	
11. Name <u>Frank Hen. Acker</u>		14. Full maiden name <u>Carmen Sanchez</u>	
Residence <u>Miami</u> (Usual place of abode)		15. Residence <u>Miami</u> (Usual place of abode)	
If non-resident, give place and state. <u>Ariz.</u>		If non-resident, give place and state. <u>Ariz.</u>	
Color or race <u>Spanish-American</u>	11. Age at last birthday <u>24</u> (Years)	16. Color or race <u>Spanish</u>	17. Age at last birthday <u>18</u> (Years)
Birthplace (city or place) <u>Chihuahua</u>		18. Birthplace (city or place) <u>Los Angeles</u>	
(State or country) <u>Mex</u>		(State or country) <u>Calif.</u>	
Occupation <u>Electrician</u>		19. Occupation <u>Housewife</u>	
Nature of Industry <u>Copper Mining</u>		Nature of Industry _____	

Number of children of this mother 1 (a) Born alive and now living 1 21. Were precautions taken against ophthalmia neonatorum? yes
(b) Born alive but now dead _____
(c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 a.m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature L. A. Lane

(Physician or midwife).

Given name added from supplemental report _____ Address M-I. Hospital
Month, day, year _____ Filed July 30, 1929
Registrar _____ Registrar K. E. Dwyer